



## 101ST GENERAL ASSEMBLY

### State of Illinois

2019 and 2020

**HB4692**

Introduced 2/18/2020, by Rep. Kathleen Willis - Mary E. Flowers, Randy E. Frese, Terri Bryant, Dave Severin, et al.

#### SYNOPSIS AS INTRODUCED:

225 ILCS 60/54.5	
225 ILCS 95/1	from Ch. 111, par. 4601
225 ILCS 95/4	from Ch. 111, par. 4604
225 ILCS 95/6	from Ch. 111, par. 4606
225 ILCS 95/7	from Ch. 111, par. 4607
225 ILCS 95/7.5	
225 ILCS 95/7.7	
225 ILCS 95/11	from Ch. 111, par. 4611

Amends the Medical Practice Act of 1987. Provides that a physician licensed to practice medicine in all its branches may collaborate with a physician assistant if specified requirements are met for a collaborative agreement. Provides that a collaborative agreement shall be for services in the same area of practice or specialty as the collaborating physician in his or her clinical medical practice. Amends the Physician Assistant Practice Act of 1987. Deletes language requiring a collaborative agreement to be written for a physician assistant and changes requirements for the collaborative agreement. Provides that medical care provided by a physician assistant shall be consistent with the physician assistant's education, training, and experience. Makes changes to provisions concerning prescriptive authority of a physician assistant. Provides that in a hospital, hospital affiliate, or ambulatory surgical treatment center, the medical staff (instead of the attending physician) shall determine a physician assistant's role in providing care for patients. Changes the physician assistant advisory committee to the Physician Assistant Medical Licensing Board. Changes the membership and duties of the Board. Removes provisions concerning initial terms of office for Board members. Makes conforming and other changes. Effective January 1, 2021.

LRB101 20507 SPS 70104 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Medical Practice Act of 1987 is amended by  
5 changing Section 54.5 as follows:

6 (225 ILCS 60/54.5)

7 (Section scheduled to be repealed on January 1, 2022)

8 Sec. 54.5. Physician delegation of authority to physician  
9 assistants, advanced practice registered nurses without full  
10 practice authority, and prescribing psychologists.

11 (a) A physician licensed to practice medicine in all its  
12 branches may collaborate with a physician assistant under  
13 guidelines in accordance with the requirements of the Physician  
14 Assistant Practice Act of 1987. Collaboration is for the  
15 purpose of providing medical consultation, and no employment  
16 relationship is required. A collaborative agreement shall  
17 conform to the requirements of Section 7 of the Physician  
18 Assistant Practice Act of 1987. The collaborative agreement  
19 shall be for services in the same area of practice or specialty  
20 as the collaborating physician in his or her clinical medical  
21 practice. A collaborative agreement shall be adequate with  
22 respect to collaboration with a physician assistant if all of  
23 the following apply:

1           (1) The agreement is to promote the exercise of  
2           professional judgment by the physician assistant  
3           commensurate with his or her education and experience.

4           (2) The physician assistant provides services based  
5           upon a collaborative agreement with the collaborating  
6           physician, except as set forth in Section 7.7 of the  
7           Physician Assistant Practice Act of 1987. With respect to  
8           labor and delivery, the collaborating physician must  
9           provide delivery services in order to participate with the  
10           physician assistant.

11           (3) Methods of communication are available with the  
12           collaborating physician in person or through  
13           telecommunications for consultation, collaboration, and  
14           referral as needed to address patient care needs.

15           (4) Physicians licensed to practice medicine in all its  
16           branches may delegate care and treatment responsibilities  
17           to a physician assistant under guidelines in accordance  
18           with the requirements of the Physician Assistant Practice  
19           Act of 1987. A physician licensed to practice medicine in  
20           all its branches may enter into collaborative agreements  
21           with no more than 7 full-time equivalent physician  
22           assistants, except in a hospital, hospital affiliate, or  
23           ambulatory surgical treatment center as set forth by  
24           Section 7.7 of the Physician Assistant Practice Act of 1987  
25           and as provided in subsection (a-5).

26           (a-5) A physician licensed to practice medicine in all its

1 branches may collaborate with more than 7 physician assistants  
2 when the services are provided in a federal primary care health  
3 professional shortage area with a Health Professional Shortage  
4 Area score greater than or equal to 12, as determined by the  
5 United States Department of Health and Human Services.

6 The collaborating physician must keep appropriate  
7 documentation of meeting this exemption and make it available  
8 to the Department upon request.

9 (b) A physician licensed to practice medicine in all its  
10 branches in active clinical practice may collaborate with an  
11 advanced practice registered nurse in accordance with the  
12 requirements of the Nurse Practice Act. Collaboration is for  
13 the purpose of providing medical consultation, and no  
14 employment relationship is required. A written collaborative  
15 agreement shall conform to the requirements of Section 65-35 of  
16 the Nurse Practice Act. The written collaborative agreement  
17 shall be for services in the same area of practice or specialty  
18 as the collaborating physician in his or her clinical medical  
19 practice. A written collaborative agreement shall be adequate  
20 with respect to collaboration with advanced practice  
21 registered nurses if all of the following apply:

22 (1) The agreement is written to promote the exercise of  
23 professional judgment by the advanced practice registered  
24 nurse commensurate with his or her education and  
25 experience.

26 (2) The advanced practice registered nurse provides

1 services based upon a written collaborative agreement with  
2 the collaborating physician, except as set forth in  
3 subsection (b-5) of this Section. With respect to labor and  
4 delivery, the collaborating physician must provide  
5 delivery services in order to participate with a certified  
6 nurse midwife.

7 (3) Methods of communication are available with the  
8 collaborating physician in person or through  
9 telecommunications for consultation, collaboration, and  
10 referral as needed to address patient care needs.

11 (b-5) An anesthesiologist or physician licensed to  
12 practice medicine in all its branches may collaborate with a  
13 certified registered nurse anesthetist in accordance with  
14 Section 65-35 of the Nurse Practice Act for the provision of  
15 anesthesia services. With respect to the provision of  
16 anesthesia services, the collaborating anesthesiologist or  
17 physician shall have training and experience in the delivery of  
18 anesthesia services consistent with Department rules.  
19 Collaboration shall be adequate if:

20 (1) an anesthesiologist or a physician participates in  
21 the joint formulation and joint approval of orders or  
22 guidelines and periodically reviews such orders and the  
23 services provided patients under such orders; and

24 (2) for anesthesia services, the anesthesiologist or  
25 physician participates through discussion of and agreement  
26 with the anesthesia plan and is physically present and

1 available on the premises during the delivery of anesthesia  
2 services for diagnosis, consultation, and treatment of  
3 emergency medical conditions. Anesthesia services in a  
4 hospital shall be conducted in accordance with Section 10.7  
5 of the Hospital Licensing Act and in an ambulatory surgical  
6 treatment center in accordance with Section 6.5 of the  
7 Ambulatory Surgical Treatment Center Act.

8 (b-10) The anesthesiologist or operating physician must  
9 agree with the anesthesia plan prior to the delivery of  
10 services.

11 (c) The collaborating physician shall have access to the  
12 medical records of all patients attended by a physician  
13 assistant. The collaborating physician shall have access to the  
14 medical records of all patients attended to by an advanced  
15 practice registered nurse.

16 (d) (Blank).

17 (e) A physician shall not be liable for the acts or  
18 omissions of a prescribing psychologist, ~~physician assistant,~~  
19 or advanced practice registered nurse solely on the basis of  
20 having signed a supervision agreement or guidelines or a  
21 collaborative agreement, an order, a standing medical order, a  
22 standing delegation order, or other order or guideline  
23 authorizing a prescribing psychologist, ~~physician assistant,~~  
24 or advanced practice registered nurse to perform acts, unless  
25 the physician has reason to believe the prescribing  
26 psychologist, ~~physician assistant,~~ or advanced practice

1 registered nurse lacked the competency to perform the act or  
2 acts or commits willful and wanton misconduct.

3 A physician shall not be liable for the acts or omissions  
4 of a physician assistant solely on the basis of having a  
5 collaborative agreement or guidelines, an order, a standing  
6 medical order, a standing delegation order, or other order or  
7 guideline authorizing a physician assistant to perform acts,  
8 unless the physician has reason to believe the physician  
9 assistant lacked the competency to perform the act or acts or  
10 commits willful and wanton misconduct.

11 (f) A collaborating physician may, but is not required to,  
12 delegate prescriptive authority to an advanced practice  
13 registered nurse as part of a written collaborative agreement,  
14 and the delegation of prescriptive authority shall conform to  
15 the requirements of Section 65-40 of the Nurse Practice Act.

16 (g) A collaborating physician may, but is not required to,  
17 delegate prescriptive authority to a physician assistant as  
18 part of a ~~written~~ collaborative agreement, and the delegation  
19 of prescriptive authority shall conform to the requirements of  
20 Section 7.5 of the Physician Assistant Practice Act of 1987.

21 (h) (Blank).

22 (i) A collaborating physician shall delegate prescriptive  
23 authority to a prescribing psychologist as part of a written  
24 collaborative agreement, and the delegation of prescriptive  
25 authority shall conform to the requirements of Section 4.3 of  
26 the Clinical Psychologist Licensing Act.

1 (j) As set forth in Section 22.2 of this Act, a licensee  
2 under this Act may not directly or indirectly divide, share, or  
3 split any professional fee or other form of compensation for  
4 professional services with anyone in exchange for a referral or  
5 otherwise, other than as provided in Section 22.2.

6 (Source: P.A. 99-173, eff. 7-29-15; 100-453, eff. 8-25-17;  
7 100-513, eff. 1-1-18; 100-605, eff. 1-1-19; 100-863, eff.  
8 8-14-18.)

9 Section 10. The Physician Assistant Practice Act of 1987 is  
10 amended by changing Sections 1, 4, 6, 7, 7.5, 7.7, and 11 as  
11 follows:

12 (225 ILCS 95/1) (from Ch. 111, par. 4601)

13 (Section scheduled to be repealed on January 1, 2028)

14 Sec. 1. Legislative purpose. The practice as a physician  
15 assistant in the State of Illinois is hereby declared to affect  
16 the public health, safety and welfare and to be subject to  
17 regulation and control in the public interest. The purpose and  
18 legislative intent of this Act is to encourage and promote the  
19 more effective utilization of the skills of physicians by  
20 enabling them to collaborate effectively and efficiently with  
21 ~~delegate certain health tasks to~~ physician assistants to  
22 provide medical care ~~where such delegation is consistent with~~  
23 ~~the health and welfare of the patient and is conducted at the~~  
24 ~~direction of and under the responsible supervision of the~~

1 ~~physician.~~

2 It is further declared to be a matter of public health and  
3 concern that the practice as a physician assistant, as defined  
4 in this Act, merit and receive the confidence of the public,  
5 that only qualified persons be authorized to practice as a  
6 physician assistant in the State of Illinois. This Act shall be  
7 liberally construed to best carry out these subjects and  
8 purposes.

9 (Source: P.A. 100-453, eff. 8-25-17.)

10 (225 ILCS 95/4) (from Ch. 111, par. 4604)

11 (Section scheduled to be repealed on January 1, 2028)

12 Sec. 4. Definitions. In this Act:

13 1. "Department" means the Department of Financial and  
14 Professional Regulation.

15 2. "Secretary" means the Secretary of Financial and  
16 Professional Regulation.

17 3. "Physician assistant" means any person not holding an  
18 active license or permit issued by the Department pursuant to  
19 the Medical Practice Act of 1987 who has been certified as a  
20 physician assistant by the National Commission on the  
21 Certification of Physician Assistants or equivalent successor  
22 agency and practices medicine ~~performs procedures~~ in  
23 collaboration with a physician as defined in this Act. A  
24 physician assistant may practice medicine ~~perform such~~  
25 ~~procedures~~ within the specialty of the collaborating

1 ~~physician, except that such physician shall exercise such~~  
2 ~~direction, collaboration, and control over such physician~~  
3 ~~assistants as will assure that patients shall receive quality~~  
4 ~~medical care.~~ Physician assistants shall be capable of  
5 performing a variety of tasks within their education, training,  
6 and experience ~~the specialty of medical care~~ in collaboration  
7 with a physician. Collaboration with the physician assistant  
8 shall not be construed to necessarily require the personal  
9 presence of the collaborating physician at all times at the  
10 place where services are rendered, as long as there is  
11 communication available for consultation by radio, telephone  
12 or telecommunications within established guidelines as  
13 determined by the physician/physician assistant team. Medical  
14 care provided by the physician assistant shall be consistent  
15 with the physician assistant's education, training, and  
16 experience. The physician assistant's medical tasks or duties  
17 ~~The collaborating physician may delegate tasks and duties to~~  
18 ~~the physician assistant. Delegated tasks or duties shall be~~  
19 ~~consistent with physician assistant education, training, and~~  
20 ~~experience. The delegated tasks or duties~~ shall be specific to  
21 the practice setting and shall be implemented and reviewed  
22 under a ~~written~~ collaborative agreement established by the  
23 physician or physician/physician assistant team. A physician  
24 assistant, acting as an agent of the physician, shall be  
25 permitted to transmit the collaborating physician's orders as  
26 determined by the institution's by-laws, policies, procedures,

1 or job description within which the physician/physician  
2 assistant team practices. Physician assistants shall practice  
3 only in accordance with a ~~written~~ collaborative agreement.

4 Any person who holds an active license or permit issued  
5 pursuant to the Medical Practice Act of 1987 shall have that  
6 license automatically placed into inactive status upon  
7 issuance of a physician assistant license. Any person who holds  
8 an active license as a physician assistant who is issued a  
9 license or permit pursuant to the Medical Practice Act of 1987  
10 shall have his or her physician assistant license automatically  
11 placed into inactive status.

12 3.5. "Physician assistant practice" means the performance  
13 of procedures and the practice of medicine, including  
14 procedures in the behavioral and mental health services, within  
15 the specialty of the collaborating physician. Medical care  
16 provided by the physician assistant shall be consistent with  
17 the ~~Physician assistants shall be capable of performing a~~  
18 ~~variety of tasks within the specialty of medical care of the~~  
19 ~~collaborating physician. Collaboration with the physician~~  
20 ~~assistant shall not be construed to necessarily require the~~  
21 ~~personal presence of the collaborating physician at all times~~  
22 ~~at the place where services are rendered, as long as there is~~  
23 ~~communication available for consultation by radio, telephone,~~  
24 ~~telecommunications, or electronic communications. The~~  
25 ~~collaborating physician may delegate tasks and duties to the~~  
26 ~~physician assistant. Delegated tasks or duties shall be~~

1 ~~consistent with physician assistant's assistant education,~~  
2 ~~training, and experience. The delegated tasks or duties shall~~  
3 ~~be specific to the practice setting and shall be implemented~~  
4 ~~and reviewed under a written collaborative agreement~~  
5 ~~established by the physician or physician/physician assistant~~  
6 ~~team.~~ A physician assistant shall be permitted to transmit the  
7 collaborating physician's orders as determined by the  
8 institution's bylaws, policies, or procedures or the job  
9 description within which the physician/physician assistant  
10 team practices. ~~Physician assistants shall practice only in~~  
11 ~~accordance with a written collaborative agreement, except as~~  
12 ~~provided in Section 7.5 of this Act.~~

13 4. "Board" means the Medical Licensing Board constituted  
14 under the Medical Practice Act of 1987.

15 5. "Disciplinary Board" means the Medical Disciplinary  
16 Board constituted under the Medical Practice Act of 1987.

17 6. "Physician" means a person licensed to practice medicine  
18 in all of its branches under the Medical Practice Act of 1987.

19 7. "Collaborating physician" means the physician who,  
20 within his or her specialty and expertise, collaborates with a  
21 ~~may delegate a variety of tasks and procedures to the~~ physician  
22 assistant. Such collaboration ~~tasks and procedures~~ shall be  
23 ~~delegated~~ in accordance with a ~~written~~ collaborative  
24 agreement.

25 8. (Blank).

26 9. "Address of record" means the designated address

1 recorded by the Department in the applicant's or licensee's  
2 application file or license file maintained by the Department's  
3 licensure maintenance unit.

4 10. "Hospital affiliate" means a corporation, partnership,  
5 joint venture, limited liability company, or similar  
6 organization, other than a hospital, that is devoted primarily  
7 to the provision, management, or support of health care  
8 services and that directly or indirectly controls, is  
9 controlled by, or is under common control of the hospital. For  
10 the purposes of this definition, "control" means having at  
11 least an equal or a majority ownership or membership interest.  
12 A hospital affiliate shall be 100% owned or controlled by any  
13 combination of hospitals, their parent corporations, or  
14 physicians licensed to practice medicine in all its branches in  
15 Illinois. "Hospital affiliate" does not include a health  
16 maintenance organization regulated under the Health  
17 Maintenance Organization Act.

18 11. "Email address of record" means the designated email  
19 address recorded by the Department in the applicant's  
20 application file or the licensee's license file, as maintained  
21 by the Department's licensure maintenance unit.

22 (Source: P.A. 99-330, eff. 1-1-16; 100-453, eff. 8-25-17.)

23 (225 ILCS 95/6) (from Ch. 111, par. 4606)

24 (Section scheduled to be repealed on January 1, 2028)

25 Sec. 6. Physician assistant title.

1 (a) No physician assistant shall use the title of doctor  
2 ~~or~~ physician, ~~or associate~~ with his or her name or any other  
3 term that would indicate to other persons that he or she is  
4 qualified to engage in the general practice of medicine.

5 (b) A physician assistant shall verbally identify himself  
6 or herself as a physician assistant, including specialty  
7 certification, to each patient.

8 (c) Nothing in this Act shall be construed to relieve a  
9 physician assistant of the professional or legal  
10 responsibility for the care and treatment of persons attended  
11 by him or her.

12 ~~(d) The collaborating physician shall file with the~~  
13 ~~Department notice of employment, discharge, or collaboration~~  
14 ~~with a physician assistant at the time of employment,~~  
15 ~~discharge, or assumption of collaboration with a physician~~  
16 ~~assistant.~~

17 (Source: P.A. 100-453, eff. 8-25-17.)

18 (225 ILCS 95/7) (from Ch. 111, par. 4607)

19 (Section scheduled to be repealed on January 1, 2028)

20 Sec. 7. Collaboration requirements.

21 (a) A collaborating physician shall determine the number of  
22 physician assistants to collaborate with, provided the  
23 physician is able to provide adequate collaboration as outlined  
24 in the ~~written~~ collaborative agreement required under Section  
25 7.5 of this Act and consideration is given to the nature of the

1 physician's practice, complexity of the patient population,  
2 and the experience of each physician assistant. A collaborating  
3 physician may collaborate with a maximum of 7 full-time  
4 equivalent physician assistants as described in Section 54.5 of  
5 the Medical Practice Act of 1987. As used in this Section,  
6 "full-time equivalent" means the equivalent of 40 hours per  
7 week per individual. Physicians and physician assistants who  
8 work in a hospital, hospital affiliate, or ambulatory surgical  
9 treatment center as defined by Section 7.7 of this Act are  
10 exempt from the collaborative ratio restriction requirements  
11 of this Section. A physician assistant shall be able to hold  
12 more than one professional position. A collaborating physician  
13 shall file a notice of collaboration of each physician  
14 assistant according to the rules of the Department.

15 Physician assistants shall collaborate only with  
16 physicians as defined in this Act who are engaged in clinical  
17 practice, or in clinical practice in public health or other  
18 community health facilities.

19 Nothing in this Act shall be construed to limit the  
20 delegation of tasks or duties by a physician to a nurse or  
21 other appropriately trained personnel.

22 Nothing in this Act shall be construed to prohibit the  
23 employment of physician assistants by a hospital, nursing home  
24 or other health care facility ~~where such physician assistants~~  
25 ~~function under a collaborating physician.~~

26 A physician assistant may be employed by a practice group

1 or other entity employing multiple physicians at one or more  
2 locations. In that case, one of the physicians practicing at a  
3 location shall be ~~designated~~ the collaborating physician. The  
4 other physicians with that practice group or other entity who  
5 practice in the same general type of practice or specialty as  
6 the collaborating physician may collaborate with the physician  
7 assistant with respect to their patients.

8 (b) A physician assistant licensed in this State, or  
9 licensed or authorized to practice in any other U.S.  
10 jurisdiction or credentialed by his or her federal employer as  
11 a physician assistant, who is responding to a need for medical  
12 care created by an emergency or by a state or local disaster  
13 may render such care that the physician assistant is able to  
14 provide without collaboration as it is defined in this Section  
15 or with such collaboration as is available.

16 Any physician who collaborates with a physician assistant  
17 providing medical care in response to such an emergency or  
18 state or local disaster shall not be required to meet the  
19 requirements set forth in this Section for a collaborating  
20 physician.

21 (Source: P.A. 100-453, eff. 8-25-17; 100-605, eff. 1-1-19.)

22 (225 ILCS 95/7.5)

23 (Section scheduled to be repealed on January 1, 2028)

24 Sec. 7.5. Collaborative ~~Written collaborative~~ agreements;  
25 prescriptive authority.

1           (a) ~~A written collaborative agreement is required for all~~  
2 ~~physician assistants to practice in the State, except as~~  
3 ~~provided in Section 7.7 of this Act.~~

4           (1) ~~A written collaborative agreement shall describe~~  
5 ~~the working relationship of the physician assistant with~~  
6 ~~the collaborating physician and shall describe the~~  
7 ~~categories of care, treatment, or procedures to be provided~~  
8 ~~by the physician assistant.~~ The ~~written~~ collaborative  
9 agreement shall be established at the practice level and  
10 shall promote the exercise of professional judgment by the  
11 physician assistant commensurate with his or her education  
12 and experience. The services to be provided by the  
13 physician assistant shall be services that the  
14 collaborating physician is authorized to and generally  
15 provides to his or her patients in the normal course of his  
16 or her clinical medical practice. The ~~written~~  
17 collaborative agreement need not describe the exact steps  
18 that a physician assistant must take with respect to each  
19 specific condition, disease, or symptom but must specify  
20 which authorized procedures require the presence of the  
21 collaborating physician as the procedures are being  
22 performed. The relationship under a ~~written~~ collaborative  
23 agreement shall not be construed to require the personal  
24 presence of a physician at the place where services are  
25 rendered. Methods of communication shall be available for  
26 consultation with the collaborating physician in person or

1 by telecommunications or electronic communications as set  
2 forth in the ~~written~~ collaborative agreement. For the  
3 purposes of this Act, "generally provides to his or her  
4 patients in the normal course of his or her clinical  
5 medical practice" means services, not specific tasks or  
6 duties, the collaborating physician routinely provides  
7 individually or through delegation to other persons so that  
8 the physician has the experience and ability to collaborate  
9 and provide consultation.

10 (2) The ~~written~~ collaborative agreement shall be  
11 adequate if a physician does each of the following:

12 (A) Participates in the joint formulation and  
13 joint approval of orders or guidelines with the  
14 physician assistant and he or she periodically reviews  
15 such orders and the services provided patients under  
16 such orders in accordance with accepted standards of  
17 medical practice and physician assistant practice.

18 (B) Provides consultation at least once a month.

19 (3) (Blank). ~~A copy of the signed, written~~  
20 ~~collaborative agreement must be available to the~~  
21 ~~Department upon request from both the physician assistant~~  
22 ~~and the collaborating physician.~~

23 (4) A physician assistant shall, upon request, inform  
24 each collaborating physician of all ~~written~~ collaborative  
25 agreements into which he or she has entered ~~signed and~~  
26 ~~provide a copy of these to any collaborating physician upon~~

1       ~~request.~~

2       (b) A collaborating physician may, but is not required to,  
3       delegate prescriptive authority to a physician assistant as  
4       part of a ~~written~~ collaborative agreement. This authority may,  
5       but is not required to, include prescription of, selection of,  
6       orders for, administration of, storage of, acceptance of  
7       samples of, and dispensing medical devices, over the counter  
8       medications, legend drugs, medical gases, and controlled  
9       substances categorized as Schedule II through V controlled  
10      substances, as defined in Article II of the Illinois Controlled  
11      Substances Act, and other preparations, including, but not  
12      limited to, botanical and herbal remedies. The physician  
13      assistant's collaborating physician must have a valid, current  
14      Illinois controlled substance license and federal registration  
15      with the Drug Enforcement Administration Agency ~~to delegate the~~  
16      ~~authority to prescribe controlled substances.~~

17           (1) To prescribe Schedule II, III, IV, or V controlled  
18      substances under this Section, a physician assistant must  
19      obtain a mid-level practitioner controlled substances  
20      license. Medication orders issued by a physician assistant  
21      shall be reviewed periodically by the collaborating  
22      physician.

23           (2) The collaborating physician shall file with the  
24      Department notice ~~of delegation~~ of prescriptive authority  
25      to a physician assistant and termination of prescriptive  
26      authority ~~delegation, specifying the authority delegated~~

1 ~~or terminated.~~ Upon receipt of this notice of prescriptive  
2 authority ~~delegating authority to prescribe controlled~~  
3 ~~substances,~~ the physician assistant shall be eligible to  
4 register for a mid-level practitioner controlled  
5 substances license under Section 303.05 of the Illinois  
6 Controlled Substances Act. Nothing in this Act shall be  
7 construed to limit the delegation of tasks or duties by the  
8 collaborating physician to a nurse or other appropriately  
9 trained persons in accordance with Section 54.2 of the  
10 Medical Practice Act of 1987.

11 (3) In addition to the requirements of this subsection  
12 (b), a collaborating physician may, but is not required to,  
13 specify that the physician assistant may delegate  
14 ~~authority to a physician assistant to~~ prescribe Schedule II  
15 controlled substances, if all of the following conditions  
16 apply:

17 (A) A physician assistant may prescribe specific  
18 Schedule II controlled substances by oral dosage or  
19 topical or transdermal application if the specific  
20 ~~Schedule II controlled substances by oral dosage or~~  
21 ~~topical or transdermal application may be delegated,~~  
22 ~~provided that the delegated~~ Schedule II controlled  
23 substances are routinely prescribed by the  
24 collaborating physician. The ~~This~~ ~~delegation must~~  
25 ~~identify~~ the specific Schedule II controlled  
26 substances must be identified by either brand name or

1 generic name. A physician assistant may not prescribe  
2 Schedule II controlled substances to be delivered by  
3 injection ~~or other route of administration may not be~~  
4 ~~delegated.~~

5 (B) (Blank).

6 (C) Any prescription must be limited to no more  
7 than a 30-day supply, with any continuation authorized  
8 only after prior approval of the collaborating  
9 physician.

10 (D) The physician assistant must discuss the  
11 condition of any patients for whom a controlled  
12 substance is prescribed monthly with the collaborating  
13 physician.

14 (E) The physician assistant meets the education  
15 requirements of Section 303.05 of the Illinois  
16 Controlled Substances Act.

17 (c) Nothing in this Act shall be construed to limit the  
18 delegation of tasks or duties by a physician to a licensed  
19 practical nurse, a registered professional nurse, or other  
20 persons. Nothing in this Act shall be construed to limit the  
21 means of collaboration between the physician assistant and the  
22 collaborating physician ~~method of delegation~~ that may be  
23 authorized by any means, including, but not limited to, oral,  
24 written, electronic, standing orders, protocols, guidelines,  
25 or verbal orders. Nothing in this Act shall be construed to  
26 authorize a physician assistant to provide health care services

1 required by law or rule to be performed by a physician. Nothing  
2 in this Act shall be construed to authorize the delegation or  
3 performance of operative surgery. Nothing in this Section shall  
4 be construed to preclude a physician assistant from assisting  
5 in surgery.

6 (c-5) Nothing in this Section shall be construed to apply  
7 to any medication authority, including Schedule II controlled  
8 substances of a licensed physician assistant for care provided  
9 in a hospital, hospital affiliate, or ambulatory surgical  
10 treatment center pursuant to Section 7.7 of this Act.

11 (d) (Blank).

12 (e) Nothing in this Section shall be construed to prohibit  
13 generic substitution.

14 (Source: P.A. 100-453, eff. 8-25-17; 101-13, eff. 6-12-19.)

15 (225 ILCS 95/7.7)

16 (Section scheduled to be repealed on January 1, 2028)

17 Sec. 7.7. Physician assistants in hospitals, hospital  
18 affiliates, or ambulatory surgical treatment centers.

19 (a) A physician assistant may provide services in a  
20 hospital as defined in the Hospital Licensing Act, a hospital  
21 affiliate as defined in the University of Illinois Hospital  
22 Act, or a licensed ambulatory surgical treatment center as  
23 defined in the Ambulatory Surgical Treatment Center Act without  
24 a ~~written~~ collaborative agreement pursuant to Section 7.5 of  
25 this Act. A physician assistant must possess clinical

1 privileges recommended by the hospital medical staff and  
2 granted by the hospital or the consulting medical staff  
3 committee and ambulatory surgical treatment center in order to  
4 provide services. The medical staff or consulting medical staff  
5 committee shall periodically review the services of physician  
6 assistants granted clinical privileges, including any care  
7 provided in a hospital affiliate. Authority may also be granted  
8 when recommended by the hospital medical staff and granted by  
9 the hospital or recommended by the consulting medical staff  
10 committee and ambulatory surgical treatment center to  
11 individual physician assistants to select, order, and  
12 administer medications, including controlled substances, to  
13 provide delineated care. In a hospital, hospital affiliate, or  
14 ambulatory surgical treatment center, the medical staff  
15 ~~attending physician~~ shall determine a physician assistant's  
16 role in providing care for ~~his or her~~ patients, except as  
17 otherwise provided in the medical staff bylaws or consulting  
18 committee policies.

19 (a-5) Physician assistants practicing in a hospital  
20 affiliate may be, but are not required to be, granted authority  
21 to prescribe Schedule II through V controlled substances when  
22 such authority is recommended by the appropriate physician  
23 committee of the hospital affiliate and granted by the hospital  
24 affiliate. This authority may, but is not required to, include  
25 prescription of, selection of, orders for, administration of,  
26 storage of, acceptance of samples of, and dispensing

1 over-the-counter medications, legend drugs, medical gases, and  
2 controlled substances categorized as Schedule II through V  
3 controlled substances, as defined in Article II of the Illinois  
4 Controlled Substances Act, and other preparations, including,  
5 but not limited to, botanical and herbal remedies.

6 To prescribe controlled substances under this subsection  
7 (a-5), a physician assistant must obtain a mid-level  
8 practitioner controlled substance license. Medication orders  
9 shall be reviewed periodically by the appropriate hospital  
10 affiliate physicians committee or its physician designee.

11 The hospital affiliate shall file with the Department  
12 notice of a grant of prescriptive authority consistent with  
13 this subsection (a-5) and termination of such a grant of  
14 authority in accordance with rules of the Department. Upon  
15 receipt of this notice of grant of authority to prescribe any  
16 Schedule II through V controlled substances, the licensed  
17 physician assistant may register for a mid-level practitioner  
18 controlled substance license under Section 303.05 of the  
19 Illinois Controlled Substances Act.

20 In addition, a hospital affiliate may, but is not required  
21 to, grant authority to a physician assistant to prescribe any  
22 Schedule II controlled substances if all of the following  
23 conditions apply:

24 (1) specific Schedule II controlled substances by oral  
25 dosage or topical or transdermal application may be  
26 designated, provided that the designated Schedule II

1 controlled substances are routinely prescribed by  
2 physician assistants in their area of certification; this  
3 grant of authority must identify the specific Schedule II  
4 controlled substances by either brand name or generic name;  
5 authority to prescribe or dispense Schedule II controlled  
6 substances to be delivered by injection or other route of  
7 administration may not be granted;

8 (2) any grant of authority must be controlled  
9 substances limited to the practice of the physician  
10 assistant;

11 (3) any prescription must be limited to no more than a  
12 30-day supply;

13 (4) the physician assistant must discuss the condition  
14 of any patients for whom a controlled substance is  
15 prescribed monthly with the appropriate physician  
16 committee of the hospital affiliate or its physician  
17 designee; and

18 (5) the physician assistant must meet the education  
19 requirements of Section 303.05 of the Illinois Controlled  
20 Substances Act.

21 (b) A physician assistant granted authority to order  
22 medications including controlled substances may complete  
23 discharge prescriptions provided the prescription is in the  
24 name of the physician assistant and the attending or  
25 discharging physician.

26 (c) Physician assistants practicing in a hospital,

1 hospital affiliate, or an ambulatory surgical treatment center  
2 are not required to obtain a mid-level controlled substance  
3 license to order controlled substances under Section 303.05 of  
4 the Illinois Controlled Substances Act.

5 (Source: P.A. 100-453, eff. 8-25-17.)

6 (225 ILCS 95/11) (from Ch. 111, par. 4611)

7 (Section scheduled to be repealed on January 1, 2028)

8 Sec. 11. Physician Assistant Medical Licensing Board  
9 ~~Committee~~. There is established a Physician Assistant Medical  
10 Licensing Board ~~physician assistant advisory committee to the~~  
11 ~~Department and the Medical Licensing Board~~. The Physician  
12 Assistant Medical Licensing Board may manage and regulate  
13 ~~physician assistant advisory committee may review and make~~  
14 ~~recommendations to the Department and the Board regarding~~ all  
15 matters relating to physician assistants. Such matters may  
16 include, but not be limited to:

17 (1) applications for licensure;

18 (2) (blank); ~~disciplinary proceedings;~~

19 (3) renewal requirements; and

20 (4) any other issues pertaining to the regulation and  
21 practice of physician assistants in the State.

22 The Physician Assistant Medical Licensing Board ~~physician~~  
23 ~~assistant advisory committee~~ shall be composed of 7 members.  
24 Two ~~Three~~ of the 7 members shall be physicians appointed by the  
25 Governor, ~~2 of whom shall be members of the Board and appointed~~

1 ~~to the advisory committee by the chairman. One physician, not a~~  
2 ~~member of the Board, shall be a supervisor of a licensed~~  
3 ~~physician assistant and shall be approved by the Governor from~~  
4 a list of Illinois physicians who collaborate with supervising  
5 licensed physician assistants. Four ~~Three~~ members shall be  
6 physician assistants, licensed under the law and appointed by  
7 the Governor from a list of 10 names recommended by the Board  
8 of Directors of the Illinois Academy of Physician Assistants.  
9 One member, not employed or having any material interest in any  
10 health care field, shall be appointed by the Governor and  
11 represent the public. The chairman of the Physician Assistant  
12 Medical Licensing Board ~~physician assistant advisory committee~~  
13 shall be a member elected by a majority vote of the Physician  
14 Assistant Medical Licensing Board ~~physician assistant advisory~~  
15 ~~committee unless already a member of the Board.~~ The Physician  
16 Assistant Medical Licensing Board ~~physician assistant advisory~~  
17 ~~committee~~ is required to meet and report to the Department and  
18 the Board as physician assistant issues arise. ~~The terms of~~  
19 ~~office of each of the original 7 members shall be at staggered~~  
20 ~~intervals. One physician and one physician assistant shall~~  
21 ~~serve for a 2 year term. One physician and one physician~~  
22 ~~assistant shall serve a 3 year term. One physician, one~~  
23 ~~physician assistant and the public member shall serve a 4 year~~  
24 ~~term. Upon the expiration of the term of any member, his~~  
25 ~~successor shall be appointed for a term of 4 years in the same~~  
26 ~~manner as the initial appointment. No member shall serve more~~

1 ~~than 2 consecutive terms.~~

2 Four members of the Physician Assistant Medical Licensing  
3 Board ~~physician assistant advisory committee~~ shall constitute  
4 a quorum. A quorum is required to perform all of the duties of  
5 the committee.

6 Members of the Physician Assistant Medical Licensing Board  
7 ~~physician assistant advisory committee~~ shall have no liability  
8 for any action based upon a disciplinary proceeding or other  
9 activity performed in good faith as a member of the committee.  
10 (Source: P.A. 95-703, eff. 12-31-07; 96-720, eff. 8-25-09.)

11 Section 99. Effective date. This Act takes effect January  
12 1, 2021.